

FOR OFFICE USE ONLY

Request Date: _____
Date 408 Sent: _____
Date 408 Received: _____

**APPLICATION FOR CHILD SUPPORT SERVICES
AND
APPLICANT'S RIGHTS AND RESPONSIBILITIES**

Thank you for requesting information about child support services. The Division of Child Support (DCS) is responsible for administering the child support program in the State of South Dakota under Title IV-D of the Social Security Act. The DCS provides the following services: locate; paternity and order establishment; and enforcement of child support and medical support orders.

DCS services are available to custodial and noncustodial parents, alleged fathers, and individuals who have court ordered legal custody/guardianship over the minor child(ren) for whom services are being sought. If you are an alleged father or noncustodial parent wanting to establish paternity and/or child support order for a minor child, this application is the starting point. Once a child support order is established, DCS will not provide enforcement services unless the custodial parent applies for enforcement services. This Notice describes DCS's services, the responsibilities of the persons receiving the services, the fees, the accounting procedures, and the use and disclosure of information for Non-TANF cases. There is a \$5.00 application fee associated with this service.

Confidentiality/Interpreter Needs

Federal and State laws and regulations limit the use and disclosure of confidential information about applicants and recipients of Child Support services.

Do you need interpreter services? ☐ Yes ☐ No

If yes, specify what type of services you require (language type, sign, etc.)

(Interpreter services are provided free of charge.)

Nondiscrimination Statement

As a recipient of Federal financial assistance and a State or local government agency, the Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability or age in admission or access to, or treatment or employment in, its programs, activities, or services, whether carried out by the Department of Social Services directly or through a contractor or any other entity with which the Department of Social Services arranges to carry out its programs and activities; or on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in, its programs, activities, or services when carried out by the Department of Social Services directly or when carried out by sub-recipients of grants issued by the United States Department of Justice, Office on Violence against Women.

To file a complaint of discrimination, you may write to:

U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue S.W., Washington, D.C. 20205-9410; by Fax (202)690-7442; or by email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech difficulties and wish to file a complaint, please contact USDA through the Federal Relay Service at (800)877-8339 or (800)845-6136 (Spanish).

Or write to:

U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave S.W., Washington, D.C. 20201; by phone (800)368-1019 (voice) or (800)537-7697 (TDD); by Fax (202)619-3818; by email ocrmail@hhs.gov; or online at <http://www.hhs.gov/ocr/civilrights/complaints/index.html>.

Or write to:

Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governors Drive, Pierre, SD 57501; by phone (605)773-3305; or by email DSSinfo@state.sd.us.

Social Security Numbers

Social Security Numbers are used by the Division of Child Support program to locate individuals for purposes of establishing paternity, modifying, and enforcing support obligations. See 42 U.S.C. §666(a)(13). If you do not have a Social Security Number or the noncustodial parent's Social Security Number is unknown, the DCS will not deny your application.

Race/Ethnicity

Race/Ethnicity is an optional requirement. However, race/ethnicity may be used to aid in determining parentage and allows the DCS to determine whether or not the DCS has jurisdiction over a noncustodial parent who may be Native American residing on reservation/trust land.

AGREEMENT FOR CHILD SUPPORT SERVICES

This document includes the terms and conditions of the services which will be provided in your child support case by the South Dakota Department of Social Services, Division of Child Support (DCS). It is important to read the entire document carefully and sign in all places where your signature is required without altering the document.

SERVICES

1. DCS will determine the methods and strategies used to establish paternity and/or a child support order.
2. DCS will make reasonable efforts, consistent with its priorities and procedures, to:
 - a. Locate the custodial parent;
 - b. Establish paternity if paternity for a minor child has not previously been established by one of the following: child born during the marriage (or within ten months after dissolution of marriage) of the mother and father; paternity affidavit signed by the mother and father; genetic testing; court order establishing paternity; or adoption order. Application must be received at least 90 days prior to child being emancipated.

If DCS establishes paternity and the child was born in SD, an order adjudicating paternity will be filed with the Office of Vital Records. Vital Records will add the father's name to the child's birth record. The child's birth certificate will be amended to reflect both parents' names. If the child was born in another state, one of the parents will need to contact the Vital Record agency in the other state to obtain the necessary paperwork to add the father's name to the birth record. The other state may assess a fee for adding the father's name to the birth record.

- c. Establish a child support order for a minor child(ren). In the process, DCS will ask you to maintain a health insurance policy for the child(ren) if you do not have adequate health insurance. Application must be received at least 90 days prior to child being emancipated.

If the child was born in SD and order adjudicating paternity is entered, the order will be filed with the Office of Vital Records. Vital Records will add the father's name to the child's birth record. The child's birth certificate will be amended to reflect both parents' names. If the child was born in another state, one of the parents will need to contact the Vital Record agency in the other state to obtain the necessary paperwork to add the father's name to the birth record. The other state may assess a fee for adding the father's name to the birth record.

3. If the custodial parent lives in another state other than South Dakota or another jurisdiction, DCS may have to refer your case to the other agency to establish paternity and/or a child support order. Because of the differences in state laws and procedures, cases referred to other agencies present additional issues and often take more time. DCS will release any information contained in the case file to another state or jurisdiction when an action requires the information.
4. DCS does not have jurisdiction over Native Americans residing on Indian reservations or trust land. Therefore, if the custodial parent is Native American and resides on Indian land, the DCS may not be able to establish paternity or a support obligation. However if the tribe has a federally approved child support program. DCS may be able to refer your case to their child support program to establish paternity and/or child support order.
5. In performing services to you, DCS is assisted by attorneys. These attorneys represent the state. They are not your personal attorneys.

This means no attorney-client relationship exists between you and the DCS attorney. It also means in the event of a conflict between your interests and those of the state, the DCS attorney will have to resolve the conflict in favor of the state's interest.

DCS cannot provide all services that you may receive from a private attorney. For example, DCS cannot provide services to you regarding custody, parenting time, or any other issue not directly related to child support.

If you require legal advice, desire specific legal action, or desire routine involvement in deciding the methods to be used in your case, you may want to consider using a private attorney who may be able to provide you with more individualized service.

6. Your case will close under the following conditions:
 - a. DCS will immediately close your case:
 - i. Upon your written or verbal request; or
 - ii. When DCS has been advised that you have applied for child support services or public assistance in another state.

- b. DCS will provide a Notice of Intent to Terminate Services:
- i. The custodial parent is deceased and no further action can be taken;
 - ii. If paternity cannot be established because the child is 18 years of age, or genetic testing or the court has excluded the alleged father;
 - iii. If DCS has determined that further efforts are not in the best interest of the child.
 - iv. If DCS has been unable to locate the custodial parent for 3 years if the custodial parent's social security number is known or for 1 year if the custodial parent's social security number is not known;
 - v. If the custodial parent is a citizen of and lives in a foreign country, does not work for the United States government or for a company with offices in the United States, has no reachable domestic income or assets, and DCS does not have reciprocity with the foreign country;
 - vi. If DCS has documented evidence that you have not cooperated and your cooperation is essential for the next enforcement step.
 - vii. If DCS is unable to contact you for more than 60 days despite attempts to do so that include at least one letter sent by first class mail to your last known address.

DCS will not terminate services for any of these reasons if you contact DCS, **within 60 days** after issuance of a written notice of intent to terminate, and provide information that could lead to the location of the custodial parent or to the establishment of paternity and/or support order. After 60 days, you may request DCS to reinstate your services if changed circumstances could lead to the establishment of paternity and/or establishment of a support order.

ADMINISTRATIVE COMPLAINT PROCEDURES

A recipient of DCS services is entitled to an administrative review of a complaint where there is evidence that an error occurred or an action should be taken on their case. To obtain a review, a recipient may contact the assigned DCS Child Support Specialist with the complaint in an attempt to informally resolve the same.

A recipient may also submit a written complaint to the DCS specifying the nature of the complaint and the action requested to be taken by the DCS. Upon receipt of the written complaint, DCS shall conduct a review of the complaint and, if appropriate, take necessary corrective action. The DCS shall advise the recipient either orally or in writing of any action taken to resolve the complaint.

A recipient is also entitled to request a fair hearing as allowed by law.

PROTECTING YOUR PRIVACY

DCS protects the safety and privacy of its customers to the extent permitted by law. In handling a case, it may be necessary to provide information from a case file to other agencies or persons who work cooperatively with us (attorneys, court personnel, other child support enforcement agencies, genetic testing laboratories), but this is only done for the purpose of and to the extent necessary to provide child support enforcement services to you. Confidentiality and privacy of personal information are protected under state and federal laws and regulations. Agreements between DCS and other agencies govern our sharing of information and require adherence to the confidentiality and privacy laws.

PROTECTION ORDERS: The DCS is prohibited from releasing information on the whereabouts of one party to another party when a protection order has been entered by the court. If you have a protection order in place, please provide a copy with this application. If you obtain a protection order in the future, you must notify the DCS at that time.

SOCIAL SECURITY NUMBER: When the DCS provides services to you, the DCS must use your Social Security Number of your child(ren). Therefore, you should understand that by signing this Agreement, you are authorizing the use of Social Security Numbers as an identifier for all child support purposes.

YOUR RIGHT TO WITHDRAW FROM THIS AGREEMENT: You may terminate from this Agreement and close your case at any time. If you wish to terminate, notify the DCS in writing.

APPLICATION FOR CHILD SUPPORT SERVICES

Please fill in each blank and print legibly or type your answers. Read all instructions carefully and answer each question as completely as possible. If you are unable to understand or complete this form, or need assistance in completing this form, please contact any DCS office for assistance. ***Incomplete applications will be returned.***

Complete a separate application form for each parent. If you need another form, you may contact any DCS office or download an application from <http://dss.sd.gov/formspub/>.

I. REQUESTED SERVICES

Please indicate the service you are requesting (select only one).

A. Establish paternity and a support order for a minor child(ren) who was not born during the marriage of the mother and father. ☐Yes ☐No

The following must be attached for this service:

- DSS-SE-408NCP, Application for Child Support Services (pages 5-11). You must sign this document in the presence of a Notary Public.
- Affidavit in Support of Establishing Paternity (pages 13-17). You must sign this document in the presence of a Notary Public. If there is more than one child, you will need to complete an Affidavit for each child.
- DSS-SE-481, Financial Statement (pages 19-21). You must sign this document in the presence of a Notary Public.
- Verification of Income (wage stubs, tax return).
- Picture of Father/Mother of child, if applicable.
- \$99.00 Genetic Testing Fee (\$33 per person tested). Fee must be paid by cash, money order or by check. Money order or check should be made payable to Division of Child Support.
- \$5.00 application fee. Fee is waived if you or the child(ren) is receiving TANF or Medicaid. Fee may be paid by cash, money order or by check. Money order or check should be made payable to Division of Child Support.

Or B. Establish a child support order for a minor child(ren). ☐Yes ☐No

The following must be attached for this service:

- DSS-SE-408NCP, Application for Child Support Services (pages 5-11). You must sign this document in the presence of a Notary Public.
- DSS-SE-481, Financial Statement (pages 19-21). You must sign this document in the presence of a Notary Public.
- Paternity Affidavit, genetic test results, court order establishing paternity, documentation showing the child was born during the marriage of the mother and father, or adoption order.
- Verification of Income (wage stubs, tax return).
- Picture of Father/Mother of child, if applicable.
- \$5.00 application fee. Fee is waived if you or the child(ren) is receiving TANF or Medicaid. Fee may be paid by cash, money order or by check. Money order or check should be made payable to Division of Child Support.

II. CUSTODIAL PARENT INFORMATION

Legal Name (First, Middle and Last)		Maiden Name (if applicable)
Residential Address (Street, City, State, Country, Zip Code)		Home Phone Number (include area code)
Mailing Address (if different than above) (Street, City, State, Country, Zip Code)		Cell Phone Number (include area code)
Employer Name and Address		Employer Phone Number (include area code)
Date of Birth (MM/DD/YYYY)	Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	Has the custodial parent received TANF in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please list the state(s).
Social Security Number (if available) _____-_____-_____		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Has the custodial parent received child support services in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please list the state(s).
		Does the custodial parent have an open child support case in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please list the state(s).

III. MINOR CHILDREN

Complete the following information for each child who lives with the custodial parent listed in Section II and for whom you are seeking paternity establishment and/or an order for support. **Use the child's name listed on the birth certificate. Attach a copy of the birth certificate to the application.**

_____ First Name _____ Middle Name _____ Last Name _____ Suffix (Jr, II, etc.)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (MM/DD/YYYY) ____/____/_____ Social Security Number (if available) ____-____-_____ Place of Conception (State) _____ Place of Birth (City, State) _____	Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	Was the child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, was an Acknowledgment of Paternity or Paternity Affidavit completed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____ Was the child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date of adoption. _____ (Attach a copy of order) Your relationship to the child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
_____ First Name _____ Middle Name _____ Last Name _____ Suffix (Jr, II, etc.)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (MM/DD/YYYY) ____/____/_____ Social Security Number (if available) ____-____-_____ Place of Conception (State) _____ Place of Birth (City, State) _____	Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	Was the child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, was an Acknowledgment of Paternity or Paternity Affidavit completed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____ Was the child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date of adoption. _____ (Attach a copy of order) Your relationship to the child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
_____ First Name _____ Middle Name _____ Last Name _____ Suffix (Jr, II, etc.)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (MM/DD/YYYY) ____/____/_____ Social Security Number (if available) ____-____-_____ Place of Conception (State) _____ Place of Birth (City, State) _____	Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	Was the child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, was an Acknowledgment of Paternity or Paternity Affidavit completed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____ Was the child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date of adoption. _____ (Attach a copy of order) Your relationship to the child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian

IV. NONCUSTODIAL PARENT INFORMATION

First Name		Middle Name	Last Name	Maiden Name (if applicable)
Residential Address (Street, City, State, Country, Zip Code)				Home Phone Number (include area code)
Mailing Address (if different than above) (Street, City, State, Country, Zip Code)				Cell Phone Number (include area code)
Have you resided in SD? <input type="checkbox"/> Yes <input type="checkbox"/> No				
List other states which you have resided in:				
Date of Birth (MM/DD/YYYY) If date of birth unknown, please provide approximate age: _____		Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		Are you in the Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____ National Guards? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you receive monthly military or veteran's benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
Social Security Number (if available) _____ - _____ - _____				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female				
Place of Birth		Height		Weight
Eye Color		Hair Color		Any distinguishing features:
What are the names/addresses of your parents?			Your Mother's Maiden Name	
			Do you pay child support in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the state(s).	
Name and address of current or past employer.			Employer Phone Number (include area code) Is this a current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when did you last work there?	
What is your usual occupation?		Where did you meet the custodial parent? (Place, City, State)		How do you contact the custodial parent in case of an emergency?
Sources of Income: List monthly amounts, if any, by each. Self-employment: \$_____ SSI: \$_____ Retirement Benefits: \$_____ Social Security: \$_____ Unemployment: \$_____ Veterans Benefits: \$_____ Workers' Compensation: \$_____ Rental: \$_____ Other Income (explain):				

V. HEALTH INSURANCE INFORMATION

Do any of the children receive medical assistance (Medicaid or Title 19) or CHIP? ☐ Yes ☐ No

If yes, please list those children: _____

Does the child(ren) have Indian Health Service (IHS) coverage? ☐ Yes ☐ No

If yes, what is the Tribal ID #? _____

Does either parent have private health insurance for the child(ren)? ☐ Yes ☐ No

If yes, please list the child(ren) that have private health insurance coverage and attach a copy of the insurance card or verification of insurance.

Name of Child Covered	Insurance Coverage Start Date End Date	Name and Address of Insurance Company		Name of Policy Holder
_____	__/__/____ __/__/____	_____	Policy #	_____
_____	__/__/____ __/__/____		Group #	
_____	__/__/____ __/__/____		Type of Insurance <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other	

Monthly Cost for the Insurance: \$ _____ Total Number of persons covered under this policy: _____

Monthly Cost of Insurance for single (self only) coverage: \$ _____

NOTE: If you currently do not provide health insurance coverage, DCS may enter an order requiring you to obtain health insurance if it is available through your employment.

VI. RELATIONSHIP TO THE CUSTODIAL PARENT (Fill in all that apply – i.e. if you were previously married but now divorced, please complete both the Married and Divorce sections.)

Relationship	Date	City	State/Province	Country
<input type="checkbox"/> Never Married	N/A	N/A	N/A	N/A
<input type="checkbox"/> Married				
<input type="checkbox"/> Separated without legal document (if marked, information regarding marriage should be filled in above)				
<input type="checkbox"/> Legally Separated (if marked, information regarding marriage should be filled in above)				
<input type="checkbox"/> Divorced (if marked, information regarding marriage should be filled in above)				
<input type="checkbox"/> Other				

VII. COURT ORDER INFORMATION (Fill in all that apply.) Attach copies of all orders relating to paternity, custody and child support. If a Stipulation and Agreement was signed, the Stipulation and Agreement must be attached to the appropriate court order.

Type of Order	County	State	Date of Order	Docket Number	Amount Ordered	Frequency
<input type="checkbox"/> No Order						
<input type="checkbox"/> Paternity						
<input type="checkbox"/> Temporary/ Separation						
<input type="checkbox"/> Custody						
<input type="checkbox"/> Divorce						
<input type="checkbox"/> Adoption						
<input type="checkbox"/> Other						

NOTE: If you are attaching a divorce decree, please include the Complaint and Stipulation Agreement to the divorce decree.

VIII. ATTORNEY INFORMATION – If at any time you initiate an action, or are served with documents regarding divorce, child support, custody and/or parenting time, you must contact DCS immediately.

1. Do you currently have an attorney or agency representing you on any matter related to the parent of the child(ren)?

☐ Yes ☐ No

If yes:

Name of Attorney: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Does the attorney or agency know you are requesting DCS services? ☐ Yes ☐ No

2. Does the custodial parent have an attorney or agency representing them in any matter related to the child(ren)?

☐ Yes ☐ No

If yes:

Name of Attorney: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

3. Have there been any documents (i.e. divorce summons and complaint, custody or parenting time) filed with the court which relate to the child(ren)? ☐ Yes ☐ No ☐ Unknown

If yes:

City: _____ County: _____ State: _____

REQUIREMENTS OF COOPERATION

I declare and affirm under penalties of perjury that the information contained herein has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. **Note: A person who signs this document knowing the information to be false or untrue, in whole or in part, is guilty of perjury – a Class 5 Felony punishable by imprisonment of not more than five years and a fine of not more than \$10,000.**

I understand as an applicant for child support services, I am required to cooperate with the DCS. This may include providing verbal or written information, participating in genetic testing to establish paternity, appearing as a witness at court hearings as necessary to pursue the requested child support services, and notifying the DCS of any changes in my address and/or telephone number. **I understand that failure to cooperate may result in my case being closed.**

I understand the DCS has the right to determine which child support services will be provided to me. By signing this application, I agree DCS can take any necessary legal action to establish, modify and enforce a child and/or medical support obligation.

I understand the DCS has the responsibility to protect identifying personal information upon receipt of a protection order which has been entered by the court. If my case is involved in a court action, the information contained in this document, INCLUDING addresses, social security numbers, and names may become a matter of public record. **I also understand the law allows the court to order the DCS to release information if the court determines the release of information would not put at risk my health, safety, or liberty or that of the child(ren).**

I understand listing Social Security Numbers for myself and my children is voluntary according to 42 U.S.C. 405(c)(2)(C). DCS requests these Social Security Numbers according to 42 U.S.C. 654 and 666. As provided by federal statutes 42 U.S.C. 654A(d) and Title IV-D of the Social Security Act. DCS uses these Social Security Numbers to establish, modify and enforce child support or medical support, establish paternity, or other child support program purposes. The numbers may become known to the other parent and to others as a result of these actions and purposes.

I understand legal services for the state may be provided by private attorneys. **I also understand such attorneys do not represent me or the child(ren) listed herein, but represent the DCS.**

I understand that I may ask DCS to close my case by notifying DCS verbally or in writing.

I understand DCS has the authority to close my case as outlined in SERVICES.

I understand the DCS has the authority to sign papers, act on my behalf.

I have applied for South Dakota Division of Child Support (DCS) services. The DCS is authorized by law to take all actions necessary to work my case.

I am the ☐Mother ☐Father ☐Other (list relationship)_____

This authorization is effective until I request the DCS to close my case or until the DCS notifies me it has closed my case, whichever is later.

Applicant's Signature:_____ Date:_____

Sworn to and subscribed this _____ day of _____, _____.

Notary Public
My Commission expires:_____

(Seal)

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AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

Petitioner: Name (first, middle, last) IV-D Case: ☐ TANF
☐ IV-E Foster Care
Social Security Number ☐ Medicaid Only
☐ Former Assistance
Respondent: Name (first, middle, last) ☐ Never Assistance
Non-IV-D Case: ☐

FILE STAMP

Social Security Number

Responding IV-D Case Identifier _____

Responding Tribunal Number _____

Initiating IV-D Case Identifier _____

Initiating Tribunal Number _____

A Separate Affidavit is Required for Each Child Needing Paternity Established

SECTION I

I, _____, on oath, under penalty of perjury depose and allege:
Name (First, Middle, Last)

1. I am the ☐ natural mother of the child named below:
☐ natural father
☐ other; explain in Section IV

Child's Full Name (First, Middle, Last)	Child's Date of Birth (Month, Day, Year)	Place of Birth (City, County, State)
Date Mother Got Pregnant (Month, Year)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Explain)	Where Mother Got Pregnant (City, County, State)
		Mother's Maiden Name (first, middle, last)

2. The child was conceived as a result of sexual intercourse between _____ and me
during the time stated above. Name (First, Middle, Last)

3. a. A man is named as the father on the child's birth certificate. ☐ Yes (attach certified copy) ☐ No
If Yes, the man's name and address are:

- b. A man was married to the natural mother, and the child's birth
occurred within a year of the end of the marriage.
If Yes, the man's name and address are:

☐ Yes ☐ No
Date marriage ended _____
(Month, Day, Year)

- c. A man signed the acknowledgment of paternity **before an
acknowledgment became a legal finding of paternity under
State law.** (prior to July 1, 1994)

☐ Yes (Attach certified copy) ☐ No

- d. A man acted as and presented himself to be the child's father.
If Yes, the man's name and address are:

☐ Yes ☐ No

- e. Genetic tests were completed to determine the biological father
of the child. If Yes, attach results.

☐ Yes ☐ No

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SECTION II (TO BE COMPLETED BY MOTHER ONLY)

1. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. ☐ Yes ☐ No
(If Yes, complete the following.)
 - a. The name(s) and address(es) of the other man/men:
 - b. The other man/men are biologically related to the man I am naming as the child's natural father.

☐ Yes ☐ No If Yes, state the biological relationship (e.g. brother, cousin, uncle, etc)
 - c. I do not believe the other man/men is/are the father because:

2. I was married at the time of this child's birth. ☐ Yes ☐ No (If Yes, complete the following.)
 - a. Husband's name (First, Middle, Last) and last known address:
 - b. Explain why the husband is not the father of this child and attach all appropriate documents, including divorce decree, genetic test results and prior findings of non-paternity, if any:

3. _____ is the father of this child. The following facts support my
Name (First, Middle, Last)
allegations of paternity:

a. We lived together.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates: _____ to _____ Location: _____
b. I have told welfare officials that he is the father of this child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. I told him that he was the father of the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. He is named as the father on the birth certificate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Certified Copy Attached
e. He signed an acknowledgment of paternity before an acknowledgment became a legal finding of paternity under State law. (prior to 7/1/1994)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Certified Copy Attached
f. He admitted being the father of the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
g. He sent cards/letters regarding the pregnancy and/or about the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Copies Attached
h. He was present at the birth of the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
i. He visited the child at the hospital following birth.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
j. He offered to pay abortion expenses.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
k. He offered to pay medical expenses.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
l. He paid for birth related expenses.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
m. He claimed the child on tax returns.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
n. He has provided food, clothing, gifts, or financial support for the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in Section IV.
o. He lived with the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in Section IV.
p. He visited the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in Section IV.
q. The child resembles him. <input type="checkbox"/> Photo attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in Section IV.
r. There are witnesses to my relationship with him.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

(If yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

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SECTION III (TO BE COMPLETED BY FATHER ONLY)

The following facts support my belief and statements that I am the father of this child:

- | | | | |
|---|------------------------------|-----------------------------|--|
| a. The mother and I lived together. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates: _____ to _____
Location: _____ |
| b. The mother told me that I am the father of the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c. I am named as the father on the birth certificate. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| d. I signed an acknowledgment of paternity before an acknowledgment became a legal finding of paternity under State law. (prior to 7/1/1994) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| e. I was present at the birth of the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| f. I visited the child at the hospital following birth. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| g. I offered to pay abortion expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| h. I offered to pay medical expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| i. I paid for birth related expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| j. I claimed the child on tax returns. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| k. I have provided food, clothing, gifts, or financial support for the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV |
| l. I lived with the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV |
| m. I visited the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV |
| n. The child resembles me. <input type="checkbox"/> Photo attached. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV |
| o. There are witnesses to my relationship with the child's mother. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
- (If yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

SECTION IV – OTHER PERTINENT INFORMATION (including detailed explanations for “YES” responses in Section II or Section III above)

☐ Continued on Attached Sheet(s), incorporated by reference

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

_____	_____
Date	Signature
_____	_____
Sworn to and Signed before me this Date, County, and State	Notary Public/Official and Title
_____	_____
	Commission Expires

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STATE OF SOUTH DAKOTA
 IN THE MATTER OF THE CHILD)
 SUPPORT OBLIGATION OF) SS
 _____)

FINANCIAL STATEMENT
 DCS #: _____

Please answer every question or state not applicable if the question does not pertain to your financial situation. If you need more space to answer a question, please attach additional sheets if necessary to fully answer any item. Be sure to attach a copy of your most recent paycheck stub and a copy of your last filed Federal Income Tax Return, including a copy of your W-2. Be sure to date and sign the financial statement in front of a notary. To calculate your monthly gross income multiply your hourly wage by the number of hours per pay period, multiply this by the number of pay periods, and then divide by 12.

PERSONAL INFORMATION

Name: _____ Birthdate: _____
 Address: _____ Driver License #: _____
 _____ Phone: Home: () _____
 Bank Name: _____ Work: () _____
 Address: _____ Cell: () _____

EMPLOYMENT INFORMATION

Employer: _____ Dates employed: From: _____
 Employer Address: _____ To: _____
 Employer's Phone #: _____ Occupation: _____
 Rate of Pay: \$ _____ per _____ hours worked per week: _____ Tips: \$ _____ per _____

GROSS MONTHLY INCOME

1. \$ _____ Salary, Wages, Tips, Commissions, Bonus or Other Designations
2. \$ _____ Gain or profit from a business or profession (self-employment)
3. \$ _____ Pension, retirement, disability, veterans, social security or insurance payments
4. \$ _____ Interest, dividends, rentals, royalties or other gain
5. \$ _____ Gain from sale, trade or conversion of capital assets
6. \$ _____ Unemployment insurance and workers compensation benefits
7. \$ _____ Benefit in lieu of compensation including, but not limited to, military pay allowances.
8. \$ _____ Other income (including Spousal Support received). Explain _____
9. \$ _____ **TOTAL GROSS MONTHLY INCOME** (add lines 1 through 8).

HEALTH INSURANCE INFORMATION

Do you have health care insurance available for dependents? ☐ Yes ☐ No

If you provide health care insurance (medical, optometric, dental or orthodontic, or counseling costs) for your child(ren) please complete the following:

Name of the Health Care Insurance Company: _____

Address of the Health Care Insurance Company: _____

Policy Number of the policy: _____ Total monthly cost of the insurance: _____

Persons covered under the policy of insurance: _____

If you can identify the exact amount of the premium each month that is solely for the child(ren) in this matter, please specify that amount. \$ _____

Cost of insurance for single (self only) coverage: \$ _____

Please attach to this page verification of health insurance coverage and cost of the health insurance coverage. You must provide verification of the cost of adding the child(ren) to existing coverage, the cost of self only coverage and family coverage, or the cost of private coverage for the child(ren).

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OTHER INFORMATION

Do you make payments on any other child support orders for children other than those involved in this proceeding? ☐ No ☐ Yes

If yes, how much per month? \$_____ (Attach a copy of the court order and evidence of payments. If not attached, the amount will not be considered.)

Do you make payments for spousal support? ☐ No ☐ Yes

If yes, how much per month? \$_____ (Attach a copy of the court order and evidence of payments. If not attached, the amount will not be considered.)

Do you make contributions to an IRS qualified retirement plan not exceeding 10% of gross income?

☐ No ☐ Yes

If yes, how much per month? \$_____ (Attach documentation showing the amount being contributed. If not attached, the amount will not be considered.)

STATE OF SOUTH DAKOTA)

)

COUNTY OF _____)

_____, being first duly sworn, on oath, deposes and says that he/she is the above named parent who completed this financial statement, that he/she has read the foregoing financial statement and knows the contents thereof, and that to the best of his/her knowledge, information, and belief found after reasonable inquiry it is true and correct.

Note: A person who signs this document knowing the information to be false or untrue, in whole or in part, is guilty of perjury – a Class 5 Felony punishable by imprisonment of not more than five years and a fine of not more than \$10,000.

Signature of above named parent

Sworn to and subscribed this ____ day of _____, _____.

Notary Public

My commission expires:_____

(Seal)